



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1335079		2. Exact name of the Corporation Aquidneck Commercial Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage commercial condominium development in Middletown, RI			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 23 Johnnycake Hill Road		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. MacMillan			Vice-President Name David MacMillan		
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Jo-Ann MacMillan			Treasurer Name Robert J. MacMillan		
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. MacMillan			Director Name David MacMillan		
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Jo-Ann MacMillan			Director Name		
Street Address 23 Johnnycake Hill Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative Receiver or Trustee</i>					
Name of Officer/Authorized Representative David MacMillan					Date 6-21-18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 25 2018

FORM 631 - Revised: 11/2017